

# UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT FOR NEW EMPLOYEE AND CANDIDATE REPORTS

☐ Amendment

Last Name <b>CRUZ</b>		First Name and Middle Initial <b>RAFAEL E. (TED)</b>		<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">New Employee Report Date of Employment (mm/dd/yy):</div> <div style="width: 55%;">Senate Office / Agency in Which Employed</div> </div>	
Senate/Candidate Office Address (Number, Street, City, State, and ZIP) <b>815A BRAZOS, PMB 550 AUSTIN, TX 78701</b>		Senate/Candidate Office Telephone No. <b>512-637-8777</b>		<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Candidate Report Commencement of Candidacy (mm/dd/yy): <b>4/19/11</b></div> <div style="width: 55%;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">State in which you are a candidate <b>TEXAS</b></div> <div style="width: 55%;">Candidate Reporting Period <b>2011</b></div> </div> </div> </div>	

## AFTER READING THE INSTRUCTIONS - ANSWER EACH OF THESE QUESTIONS

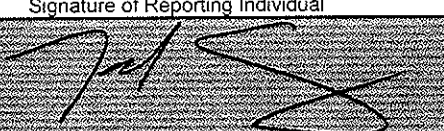
	YES	NO		YES	NO
Did you or your spouse have earned income (e.g., salaries or fees) or non-investment income of more than \$200 from any reportable source in the reporting period? If Yes, Complete and Attach PART II.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you hold any reportable positions during the reporting period? If Yes, Complete and Attach PART VIII.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, or dependent child hold any reportable asset worth more than \$1,000 at the end of the period or receive unearned or investment income of more than \$200 in the reporting period? If Yes, Complete and Attach PART IIIA and/or IIIB.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you have any reportable agreement or arrangement with an outside entity on the filing date? If Yes, Complete and Attach PART IX.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you, your spouse, or dependent child have any reportable liability (more than \$10,000) during the reporting period? If Yes, Complete and Attach PART VII.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you receive compensation of more than \$5,000 from a single source in the <u>two</u> prior years? If Yes, Complete and Attach PART X.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Each question must be answered and the appropriate PART attached for each "YES" response.**

**File this report and any amendments with the Secretary of the Senate, Office of Public Records, Room 232, Hart Senate Office Building, U.S. Senate, Washington, DC 20510. \$200 Penalty for filing more than 30 days after due date.**

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The statement will be made available by the Office of the Secretary of the Senate to any requesting person upon written application and will be reviewed by the Select Committee on Ethics. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions. (See 5 U.S.C. app. 4, § 104, and 18 U.S.C. § 1001.)

**FOR OFFICIAL USE ONLY  
Do Not Write Below this Line**

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		<b>7/9/12</b>
<b>For Official Use Only - Do Not Write Below This Line</b>		
It is the Opinion of the reviewer that the statements made in this form are in compliance with Title I of the Ethics in Government Act.	Signature of Reviewing Official	Date (Month, Day, Year)

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## PART II. EARNED AND NON-INVESTMENT INCOME

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Report the source (name and address), type, and amount of earned income to you from any source aggregating \$200 or more during the reporting period. For your spouse, report the source (name and address) and type of earned income which aggregate \$1,000 or more during the reporting period. No amount needs to be specified for your spouse. (See p.3, CONTENTS OF REPORTS Part B of Instructions.) Do not report income from employment by the U.S. Government for you or your spouse.

**Individuals not covered by the Honoraria Ban:**

For you and /or your spouse, report honoraria income received which aggregates \$200 or more by exact amount, give the date of, and describe the activity (speech, appearance or article) generating such honoraria payment. Do not include payments in lieu of honoraria reported on Part I.

Name of Income Source		Address (City, State)	Type of Income	Amount
Example:	JP Computers	Wash., DC	Salary	\$15,000
	MCI (Spouse)	Arlington, VA	Salary	Over \$1,000
1	MORGAN, LEWIS & BOCKIUS LLP	HOUSTON, TX	SALARY plus BONUS	\$1,573,543
2	GOLDMAN SACHS & CO. (spouse)	HOUSTON, TX	SALARY	Over \$1000
3	FEDERALIST SOCIETY	WASHINGTON, DC	HONORARIUM	\$1000
4	FAITH WEST ACADEMY	KATY, TX	HONORARIUM	\$500
5				
6				
7				
8				
9				
10				
11				
12				
13				



## PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

TED CRUZ

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## BLOCK A

Identity of Publicly Traded Assets  
And Unearned Income Sources

Report the complete name of each publicly traded asset held by you, your spouse, or your dependent child, (See p.3, CONTENTS OF REPORTS Part B of Instructions) for production of income or investment which:

- (1) had a value exceeding \$1,000 at the close of the reporting period; and/or  
(2) generated over \$200 in "unearned" income during the reporting period.

Include on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.

Example: S, IBM Corp. (stock)  
DC, (S) Keystone Fund  
or J

## BLOCK B

## Valuation of Assets

At the close of reporting period.  
If None, or less than \$1,001,  
Check the first column.

## BLOCK C

## Type and Amount of Income

		BLOCK B											BLOCK C																					
		Valuation of Assets											Type of Income						Amount of Income															
		None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	None	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	Over \$5,000,000	Actual Amount Required if "Other" Specified
Example: S, IBM Corp. (stock)					X									X							Example	X											Example	
Example: DC, or J (S) Keystone Fund						X												X			Example	X											Example	
1	CVX				X									X											X									
2	T			X										X											X									
3	GSTIX			X										X										X										
4	GSLIX			X										X										X										
5	MCD			X										X										X										
6	GE			X										X										X										
7	KO			X										X									X											
8	PF8		X											X									X											
9	MSFT		X											X									X											
10	VZ		X											X									X											

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.

\*\*\* This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

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## PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

TED CRUZ

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BLOCK A  
Identity of Publicly Traded Assets  
And Unearned Income Sources

Report the complete name of each publicly traded asset held by you, your spouse, or your dependent child, (See p.3, CONTENTS OF REPORTS Part B of Instructions) for production of income or investment which:

- (1) had a value exceeding \$1,000 at the close of the reporting period; and/or  
(2) generated over \$200 in "unearned" income during the reporting period.

Include on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.

Example: S, IBM Corp. (stock)  
DC, or J (S) Keystone Fund

1		JPM
2		GSSIX
3		CSCO
4		BAC
5		GSAIX
6		DXJ
7	S	ROTH IRA (spouse) GIDGX
8		BANK OF AMERICA SAVINGS
9		AMERICAN EXPRESS SAVINGS
10		ING DIRECT SAVINGS

BLOCK B  
Valuation of Assets

At the close of reporting period.  
If None, or less than \$1,001,  
Check the first column.

None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000
			X								
				X							
X											
X											
X											
X											
		X									
		X									
X											
X											

BLOCK C  
Type and Amount of Income

Type of Income								Amount of Income												
None	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	Over \$5,000,000	Actual Amount  Required if "Other" Specified
	X							Example		X										Example
					X			Example	X											Example
X										X										
X									X											
X									X											
X									X											
X									X											
					X					X										
			X							X										
			X							X										
			X							X										

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.

\*\*\* This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

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## PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

TED CRUZ

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## BLOCK A

Identity of Publicly Traded Assets  
And Unearned Income Sources

Report the complete name of each publicly traded asset held by you, your spouse, or your dependent child, (See p.3, CONTENTS OF REPORTS Part B of Instructions) for production of income or investment which:

- (1) had a value exceeding \$1,000 at the close of the reporting period; and/or  
(2) generated over \$200 in "unearned" income during the reporting period.

Include on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.

## BLOCK B

## Valuation of Assets

At the close of reporting period.  
If None, or less than \$1,001,  
Check the first column.

## BLOCK C

## Type and Amount of Income

Report the complete name of each publicly traded asset held by you, your spouse, or your dependent child, (See p.3, CONTENTS OF REPORTS Part B of Instructions) for production of income or investment which:			Check the first column.										Type of Income							Amount of Income															
			None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	None	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	Over \$5,000,000	Actual Amount Required if "Other" Specified
Example: S, IBM Corp. (stock)						X									X							Example		X										Example	
Example: DC, or J (S) Keystone Fund							X												X			Example	X											Example	
1		JPMorgan Savings		X														X						X											
2		Citibank Savings		X														X						X											
3		VTHX (Morgan Lewis Defined Contribution)						X												X				X											
4		GGOIX (401k)				X														X				X											
5		HWMIX (401k)				X														X				X											
6		VGSIX (401k)				X														X				X											
7		VFORX (401k)				X														X				X											
8		BIGIX (401k)				X														X				X											
9		BANCORP BANK HSA		X														X						X											
10	S	BLACKROCK LIFEPATH SPOTLIGHT TARGET DATE 2035 401K						X												X				X											

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.

\*\*\* This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

TED CRUZ

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BLOCK A  
Identity of Publicly Traded Assets  
And Unearned Income Sources

Report the complete name of each publicly traded asset held by you, your spouse, or your dependent child, (See p.3, *CONTENTS OF REPORTS Part B of Instructions*) for production of income or investment which:

(1) had a value exceeding \$1,000 at the close of the reporting period; and/or

(2) generated over \$200 in "unearned" income during the reporting period.

Include on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.

**BLOCK B**  
**Valuation of Assets**

At the close of reporting period.  
If None, or less than \$1,001,  
Check the first column.

BLOCK C

**Type and Amount of Income**

[illegible]

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.

\*\*\* This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

## PART IIIB. NON-PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

TED CRUZ

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## BLOCK A

## Identity of Non-Publicly Traded Assets and Unearned Income Sources

Report the name, address (city, state and description) of each interest held by you, your spouse, or your dependent child (See p.3, CONTENTS OF REPORTS Part B of Instructions) for the production of income or investment in a non-public trade or business which:

- (1) had a value exceeding \$1,000 at the close of the reporting period; and/or  
(2) generated over \$200 in "unearned" income during the reporting period.

Include the above report for each underlying asset, which is not incidental to the trade or business. Publicly traded assets held by non-public entity may be listed on Part IIIA.

## BLOCK B

## Valuation of Assets

At the close of reporting period.  
If None, or less than \$1,001,  
Check the first column.

## BLOCK C

## Type and Amount of Income

		S, Example: DC, or J	JP Computer, Software Design, Wash DC				X																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
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EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.

\*\*\* This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

☐



Reporting Individual's Name <b>TED CRUZ</b>		<input type="checkbox"/> Amendment		<b>PART VII. LIABILITIES</b>										Page Number <b>9</b>						
Report liabilities over \$10,000 owed by you, your spouse, or dependent child (See p.3 CONTENTS OF REPORTS Part B of Instructions), to any one creditor at any time during the reporting period. Check the highest amount owed during the reporting period. Exclude: (1) Mortgages on your personal residences unless rented; (2) loans secured by automobiles, household furniture or appliances; and (3) liabilities owed to certain relatives listed in Instructions. See Instructions for reporting revolving charge accounts.				Date Incurred	Interest Rate	Term if Applicable	Category of Amount of Value (x)													
Name of Creditor		Address		Type of Liability																
S, First District Bank Example: DC, or J (J) John Jones		Wash., DC		Mortgage on undeveloped land		1992	13%	25yrs												
		Wash., DC		Promissory Note		2000	10%	On dmd												
1	<input type="checkbox"/> WELLS FARGO MORTGAGE	DALLAS, TX	MORTGAGE ON RENTAL PROPERTY	2003	5.125%	15 yrs.														
2	<input type="checkbox"/> US SENATE FCU	WASHINGTON, DC	MORTGAGE ON RENTAL PROPERTY	2008	6.44%	15 yrs														
3	<input type="checkbox"/> BANK OF AMERICA	SIMI VALLEY, CA	MORTGAGE ON RENTAL PROPERTY	2006	6%	30 yrs.														
4	<input type="checkbox"/> CITIBANK	NEW YORK, NY	LAW FIRM CAPITAL ACCOUNT LOAN	2008	1.25%	10 yrs														
5	<input type="checkbox"/> CITIBANK	NEW YORK, NY	LINE OF CREDIT	2012	PRIME-Flloating	-														
6	<input type="checkbox"/> GOLDMAN SACHS MARGIN LOAN	NEW YORK, NY	MARGIN LOAN	2012	3% Floating	-														
7	<input type="checkbox"/>																			
8	<input type="checkbox"/>																			
9	<input type="checkbox"/>																			
10	<input type="checkbox"/>																			
11	<input type="checkbox"/>																			
12	<input type="checkbox"/>																			

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.

\*\*\* This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

Reporting Individual's Name

☐ Amendment**PART VIII. POSITIONS HELD OUTSIDE U.S. GOVERNMENT**

Page Number

TED CRUZ

10

Report any positions held by you during the applicable reporting period whether compensated or not. Positions include, but are not limited to those of an officer, director, trustee, general partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise or any non-profit organization or educational institution. Both the year and month must be reported for the period of time that the position was held.

**Exclude:** Positions with federal government, religious, social, fraternal, or political entities, and those solely of an honorary nature.

Name of Organization		Address (City, State)	Type of Organization	Position Held	From (Mo/Yr)	To (Mo/Yr)
Example:	National Assn. of Rock Collectors	NY, NY <b>EXAMPLE</b>	Non-profit education	President	6 / 91	Present
	Jones & Smith	Hometown, USA <b>EXAMPLE</b>	Law Firm	Partner	7 / 96	11 / 1X
1	MORGAN, LEWIS & BOCKIUS LLP	HOUSTON, TX	LAW FIRM	PARTNER	5 / 08	PRESENT
2						
3						
4						
5						
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Compensation in excess of \$200 from any position must be reported in Part II.

Reporting Individual's Name <b>TED CRUZ</b>	<input type="checkbox"/> Amendment	<b>PART X. COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE</b>	Page Number <b>11</b>
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**FIRST TIME FILERS ONLY: (Except Candidate Reports - All Candidate Reports Must Include Part X If Applicable)**

Report sources of compensation received by you or your business affiliation for services provided directly by you during the reporting period. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any non-profit organization when you directly provided the services to the clients and/or customers of the firm that generated a fee or payment of more than \$5,000. You need not report the U.S. Government as a source.

Name of Source		Address of Source	Brief Description of Duties
Example:	Jones & Smith	Hometown, TX	Legal Services <b>EXAMPLE</b>
	Metro University (client of Jones & Smith)	Moneytown, USA	Legal Services in connection with university construction <b>EXAMPLE</b>
1	ACE CASH EXPRESS	IRVING, TX	LEGAL SERVICES
2	ASTRA ZENECA	WILMINGTON, DE	LEGAL SERVICES
3	B. BRAUN MEDICAL INC.	BETHLEHEM, PA	LEGAL SERVICES
4	BCSW LLC d/b/a JUST BRAKES	DALLAS, TX	LEGAL SERVICES
5	CEVA LOGISTICS	HOUSTON, TX	LEGAL SERVICES
6	DELL INC.	ROUND ROCK, TX	LEGAL SERVICES
7	DENTSPLY INTERNATIONAL	YORK, PA	LEGAL SERVICES
8	DRISCOLL CHILDRENS HOSPITAL	CORPUS CHRISTI, TX	LEGAL SERVICES
9	EAST WILDLIFE FOUNDATION	CORPUS CHRISTI, TX	LEGAL SERVICES
10	EMD SERONO, INC.	ROCKLAND, MA	LEGAL SERVICES
11	FEDERATION OF STATE MEDICAL BOARDS	EVLESS, TX	LEGAL SERVICES
12	FEDEX GROUND PACKAGE SYSTEM INC.	MOON TOWNSHIP, PA	LEGAL SERVICES
13	ELFC HOLDINGS INC.	CHADDS FORD, PA	LEGAL SERVICES
14	GOOGLE INC.	MOUNTAIN VIEW, CA	LEGAL SERVICES
15	GROUPE SEB	BOULLY CEDEX, FRANCE	LEGAL SERVICES

TED CRUZ

12

## FIRST TIME FILERS ONLY: (Except Candidate Reports - All Candidate Reports Must Include Part X If Applicable)

Report sources of compensation received by you or your business affiliation for services provided directly by you during the reporting period. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any non-profit organization when you directly provided the services to the clients and/or customers of the firm that generated a fee or payment of more than \$5,000. You need not report the U.S. Government as a source.

Name of Source		Address of Source	Brief Description of Duties
Example:	Jones & Smith	Hometown, TX	Legal Services <b>EXAMPLE</b>
	Metro University (client of Jones & Smith)	Moneytown, USA	Legal Services in connection with university construction <b>EXAMPLE</b>
1	HCA	NASHVILLE, TN	LEGAL SERVICES
2	ALBERT HILL, JR.	DALLAS, TX	LEGAL SERVICES
3	INTERNATIONAL PAPER CO	MEMPHIS, TN	LEGAL SERVICES
4	IUY MINERALS	BEAUFORT, SC	LEGAL SERVICES
5	JP MORGAN CHASE	CHICAGO, IL	LEGAL SERVICES
6	LORI KELTH	ALBUQUERQUE, NM	LEGAL SERVICES
7	KRAFT FOODS INC	NORTHFIELD, IL	LEGAL SERVICES
8	ROBERT MERICLE	WILKES-BARRE, PA	LEGAL SERVICES
9	NATIONAL CHAMBER <sup>LITIGATION</sup> <del>CONOR</del>	WASHINGTON, DC	LEGAL SERVICES
10	PFIZER INC	ITASCA, IL	LEGAL SERVICES
11	RELIANCE STANDARD	PHILADELPHIA, PA	LEGAL SERVICES
12	PGA-REPUBLICAN <sup>ASSOCIATION</sup> GOVERNORS	WASHINGTON, DC	LEGAL SERVICES
13	SCHLUMBERGER TECHNOLOGY	SUGAR LAND, TX	LEGAL SERVICES
14	SENECA FREE TRADE ASS'N	BUFFALO, NY	LEGAL SERVICES
15	SHANDONG LINGLONG RUBBER Co.	ZHAOTUAN CITY, CHINA	LEGAL SERVICES

Reporting Individual's Name

☐ Amendment**PART X. COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE**

Page Number

TED CRUZ

13

**FIRST TIME FILERS ONLY: (Except Candidate Reports - All Candidate Reports Must Include Part X If Applicable)**

Report sources of compensation received by you or your business affiliation for services provided directly by you during the reporting period. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any non-profit organization when you directly provided the services to the clients and/or customers of the firm that generated a fee or payment of more than \$5,000. You need not report the U.S. Government as a source.

Name of Source		Address of Source	Brief Description of Duties
Example:	Jones & Smith	Hometown, TX	Legal Services <b>EXAMPLE</b>
	Metro University (client of Jones & Smith)	Moneytown, USA	Legal Services in connection with university construction <b>EXAMPLE</b>
1	TOYOTA MOTOR SALES	TORRANCE, CA	LEGAL SERVICES
2	WAL-MART STORES	BENTONVILLE, AR	LEGAL SERVICES
3			
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## CONFIDENTIAL DISCLOSURE OF CANDIDATES HOME ADDRESS

Last Name <b>CRUZ</b>	First Name and Middle Initial <b>RAFAEL E. (TED)</b>	Commencement of Candidacy <b>11/19/11</b>
Home Mailing Address (Number, Street, City, State, and ZIP ) <b>3333 ALLEN PARKWAY #1906 HOUSTON, TX 77019</b>	Home Telephone Number (Include Area Code) <b>(713) 630-0131</b>	
Office Mailing Address (Number, Street, City, State, and ZIP ) <b>ELS A BRAZOS, PMB 550 AUSTIN, TX 78701</b>	Office Telephone Number (Include Area Code) <b>(512) 637-8777</b>	

**Who Must File:** Any candidate who files a public financial disclosure report with the Senate Select Committee on Ethics must also file this confidential report.


**Where to File:** File this report with the **Select Committee on Ethics**, Room 220, Hart Senate Office Building, U.S. Senate, Washington, DC 20510.

**When to File:** Within 30 days after becoming a candidate for nomination or election to the office of Member of the United States Senate, or by May 15 of that calendar year, which ever is later, but at least 30 days before the election, and on or before May 15 of each succeeding year an individual continues to be a candidate. A candidate who currently holds an elected position in the United States Congress is not required to file a Candidate Report.

**Contents of Reports:** List your home and office address and phone number. Please sign your report certifying that your report is complete and correct.

**Penalty Provisions:** Any individual who is required to file this report and does so more than 30 days after the date the report is required to be filed, or, if an extension is granted, more than 30 days after the last day of the filing extension period, shall be subject to a \$200 penalty fee. Waivers of this fee may be granted by the Committee in extraordinary circumstances if requested in writing. Falsifying or failing to file this report may result in the imposition of civil and criminal sanctions. (See 5 U.S.C. app. 4, 101 et seq. and 18 U.S.C. 1001.)

**Review of Reports:** These reports will be reviewed by the Committee along with the corresponding public reports within 60 days of the filing date. These reports will be kept confidential by the Committee in accordance with the Ethics in Government Act 1978, as amended.

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		<b>7/9/12</b>